

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
MCALLEN DIVISION**

IN RE:**CASE NO.****DEBTOR****17-70094-M-11****A.C.M HOME HEALTH
SERVICES INC.****CHAPTER 11****PATIENT CARE OBUDMANS FIRST INTERIM FEE AND EXPENSE APPLICATION**

Applicant Professional role in case:		Patient Care Ombudsman
Indicate whether this is an interim or final application:		Interim - First Application
Date of Employment Signed:		April 19, 2017
	Beginning of Period	Ending of Period
Total period covered in application:	April 19,2017	May 28,2017
Time period covered by prior applications:	n/a	n/a
Total amounts awarded in all prior applications:		\$0.00
Amount of retainer received in the case:		\$5,000.00
Total fees applied for in the application and in all prior applications (including any retainer amounts applied or to be applied)		\$8,882.12
Total fees applied for in this application (including any retainer amounts to be applied):		\$3,882.12
Total professional fees requested in this application:		\$8,105.00
Total professional hours covered by this application:		33.4

Average hourly rate for professionals:		\$242.66
Total paraprofessional fees covered by this application:		\$0.00
Total paraprofessionals hours requested in this application:		0
Average hourly rate for paraprofessionals:		\$0.00
Reimbursable expenses sought in this application:		\$777.12
Total to be paid to Priority Unsecured Creditors:		n/a
Anticipated % Dividend to Priority Unsecured Creditors		n/a
Total to be paid to General Unsecured Creditors:		n/a
Anticipated % Dividend to General Unsecured Creditors:		n/a
Date of confirmation hearing:		Unknown
Indicate whether the Plan has been confirmed:		Plan not confirmed

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IN RE:	CASE NO.
DEBTOR:	17-70094
A.C.M. HOME HEALTH SERVICES INC.	CHAPTER 11

PATIENT CARE OMBUDSMAN'S FIRST INTERIM
APPLICATION
(April 19, 2017 to MAY 28, 2017)

TO THE HONORABLE UNITED STATES BANKRUPTCY JUDGE:

COMES NOW Gary Toche, Patient Care Ombudsman, and hereby applies to this Court pursuant to 11 U.S.C. § 330 for his First Interim Application for Compensation and Expenses incurred on behalf of Debtor in Possession from 04/19/17 to 05/028/2017.

Summary

1. A.C.M. HOME HEALTH SERVICES, INC. ("Debtor") filed a voluntary chapter 11 case on March 7, 2017. An order to appoint a patient care ombudsman ("PCO") was entered March 19, 2017. The United States Trustee filed a notice of appointment of Gary Toche as the PCO on April 19, 2017.

Notice

2. Notice of the filing and Summary of this Application for Compensation was served pursuant to the Local Bankruptcy Rules for the Southern District of Texas, Houston Division. A true and correct copy of the Notice and summary is attached.

Amount Requested

3. Applicant is requesting payment of Eight Thousand One Hundred Five and 00/100 Dollars (\$8105.00) as compensation for services rendered and Seven Hundred Seventy-seven and 12/100 Dollars (\$777.12) as reimbursement for expenses incurred for the period of 04/19/2017 through 05/28/13/2017. Applicant has received and placed in Trust a retainer fee of \$5000.00.

4. All charges for services rendered and for reimbursement of expenses are based upon my billing rate of \$300.00 per hour and a travel rate of \$175.00 per hour. Mileage is billed at the current IRS rate. Expenses incurred were reasonable and necessary.

5. No agreement or understanding exists between applicant and any other person for the sharing of compensation received from services rendered in this case. Applicant has received a retainer. A cap or limitation on fees or charges has not been established other than those, if any, provided by the Court.

Prior Application

6. Applicant has filed no prior applications.

Summary of Time and Labor

7. Attached hereto and made a part hereof as Exhibits are the statements showing in detail and with particularity the services rendered by Applicant and expenses incurred.

Conclusion

Based upon the foregoing, Gary Toche respectfully requests this Court to enter an order allowing compensation for professional services rendered by Gary Toche, Patient Care Ombudsman, for Eight Thousand One Hundred Five and 00/100 Dollars (\$8105.00) and in expenses of Seven Hundred Seventy-seven and 12/100 dollars (\$777.12), for total compensation and fees and request the Court to allow the \$5000.00 retainer in trust be applied to the total balance leaving the total balance owed of in the amount of Three Thousand Eight Hundred Eighty-two and 12/100 (\$3882.12), and for such other and further relief as this Court deems just and proper.

Respectfully submitted,

/s/ Gary Toche

Gary Toche, LFACHE, MS
Patient Care Ombudsman
1555 Tahoe Court
League City, TX 77573
281-910-7757
Email: gtoche@comcast.net

Certificate of Service

I hereby certify that a true and correct copy of the foregoing was served on all parties registered to receive ECF notice and upon the debtor, debtor's counsel, all patients (by posting in a conspicuous place at the (Home Health Office) and United States Trustee and Creditors at the addresses indicated below either by ECF transmission or by United States mail, first class, postage prepaid, on the 1st day of June, 2017.

/s/ Gary Toche
Gary Toche

Stephen Douglas Statham, Esq.
Office of US Trustee
515 Rusk, Suite 3516
Houston, TX 77002
Diane W. Sanders

J. Casey Roy
TEXAS ATTORNEY GENERAL'S
OFFICE PO Box 12548-MC 008
Austin, TX 78711
*Attorney for TX Dept of Aging and
Disability Services*

Marcos D. Oliva
Jana Smith Whitworth
MARCOS D. OLIVA, PC
223 W. Nolana Boulevard McAllen, TX
78504
Withdrawing Attorneys for Debtor

Janet Totter, Litigation Unit Attorney
Texas Department of Aging & Disability
Mail Code W-615
701 W. 51st Street
Austin, Texas 78751

Internal Revenue Service
Centralized Insolvency Operations
P.O.Box 7346
Philadelphia, PA 19101

Diane W. Sanders
LIENBARGER GOGGAN BLAIR &
SAMPSON, LLP PO Box 17428
Austin, TX 78760
Attorney for Hidalgo County

Kimberly A. Walsh
TEXAS ATTORNEY GENERAL'S
OFFICE PO Box 12548
Austin, TX 78711
*Attorney for Texas Workforce
Commission*

Adam Caballero
A.C.M. HOME HEALTH SERVICES,
INC. PO Box 8037
Weslaco, TX 78599

Internal Revenue Service
300 E. 8th St. STOP 5026 AUS
Austin, TX 78701

David L. Guerra, Assistant U.S.
1701 W Highway 83, Suite 600
McAllen, TX 78501

PERDUE BRANDON, FIELDER,
COLLINS & MOTT, L.L.P. 3301
Northland Drive, Suite 505
Austin, TX 78731
*Attorney for City of Weslaco
and Weslaco ISD*

Richard A. Kincheloe
UNITED STATES ATTORNEY'S
OFFICE 1000 Louisiana Street, Suite
2300 Houston, TX 77002
Attorney for Internal Revenue Service

Kimberly A. Walsh
Assistant Attorney General
P.O. Box 12548
Austin, TX 78711
Bankruptcy & Collections Division

Juan Garcia
620 South Texas Avenue
Weslaco, Texas 78596

All other Creditors of Notice

